

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

**FLING DATE**

**APPLICANT(S)**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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99						
100						
TOTAL IND.	1					
TOTAL DEP.	21	22				
TOTAL CLAIMS	22					